

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001999
STATE FILE NUMBER

* AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 31

FILED JAN 18 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in 1b
8 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Lukes HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY
OR
TOWN RaytownInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
8805 East 72nd St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
LouisMiddle
HermanLast
Schreiber4. DATE
OF
DEATH

Month

Day

Year

Jan. 2, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 20, 1897 64

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Trucking

10b. KIND OF BUSINESS OR INDUSTRY

Transportation

11. BIRTHPLACE (City and state or country)

Atchinson, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Herman John Schreiber

13b. MOTHER'S MAIDEN NAME

Katherine Sophia Schoenbeck, Frances Schreiber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW I - WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

8805 E. 72 St.
Frances Schreiber, Raytown, Missouri18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

8 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-25-61 to 1-2-62 and last saw him alive on 1-2-62
Death occurred at Raytown, Mo. 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Jan. 4, 1962

Mt. Moriah Cemetery

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS Missouri

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Langsford Funeral Home, Lee's Summit

1-4-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

B. Knight

JAN 18 1962

JAN 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. B. Longstaffe*
Licensed Embalmer No. 4962
P. O. Address *Lee's Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.